

**Changes to the PIMS V. 5.3 User Manual**  
**ADT Module - PTF Menu**  
**Patch DG\*5.3\*517 - Billing Awareness Phase II**  
**February 2004**

## **Census Menu**

### **Load/Edit PTF Data**

The Load/Edit PTF Data option is used to enter, edit, and view data contained in the PTF for a patient's period of hospitalization and to close and release these records for transmission. The Load/Edit PTF Data option under the Census Menu is intended for census purposes. Unless you are using this option for census purposes, please use the Load/Edit PTF Data option under the PTF Menu.

After selecting the patient name and admission date or PTF number at the start of this option, the system updates the patient's PTF. During this updating process, some PTF information is being filled in from the patient's record in the PATIENT file and from the patient's Bed Control information which corresponds to the admission date selected. This data should be verified and/or edited through the Extended Bed Control option.

The PTF data is arranged so that it may be viewed and edited through various screens. For easy viewing of the screens, this option allows you to "jump" from one screen display to another by entering an up-arrow <^> and the desired screen name. On some screens, data is grouped into sections for editing. Each section is labeled with a number to the left of the data items in reverse video. The patient's name, social security number, date of admission and the screen number appear at the top of every screen.

#### **"101" SCREEN**

The first screen that will appear is the "101" screen. This screen may contain admission and discharge information for the episode of care, basic patient demographic information, and the CENSUS STATUS. Much of this screen is automatically filled in from data in the PATIENT file and the corresponding admission record in the PATIENT file. Choose the number(s) to the left of the group of data items you wish to edit. You will be prompted to indicate if treatment was related to MST only if the patient's MST Status is YES.

#### **"MAS" SCREEN**

The "MAS" screen contains patient diagnoses and information about patient movement(s), surgery(s), procedure(s) and inpatient CPT record data such as CPT record date and time, provider information, rendering location, CPT/HCPCS, modifiers, quantity, and up to 8 diagnosis codes per CPT/HCPCS. For each diagnosis code entered, PTF also tracks the following conditions: SC (service connected), AO (agent orange), IR (ionizing radiation), EC (environmental contaminant), MST (military sexual trauma), and HNC (head/neck cancer).

## **Census Menu**

### **Load/Edit PTF Data**

Information for surgical episode(s) and procedure(s) must be filled in through PTF as Bed Control does not track information for these episodes. Many different actions are available to enter/edit the patient movements, surgery episodes, procedures, and inpatient CPT records. These are displayed at the bottom of the "MAS" screen.

Some patient movement information is filled in from the admission record including losing specialty (the specialty from which the patient is transferring). Patient movements of less than 24 hours and transfers that only involve a facility treating specialty change and not a PTF specialty change will not create a new patient movement in PTF.

It should be noted that 401P transactions (which are valid only for admissions prior to 10/1/87) allow up to five procedure codes per admission and are not stored by date. 601 transactions allow five codes per procedure date. To add/delete a procedure code for a 601 transaction, select "E". 801 transactions allow more than one CPT record date and time per day. The CPT record date and time value must have a date and time value between the date and time of admission and the date and time of discharge. Each CPT record must have a rendering provider and at least one CPT code. Each CPT code must have at least one (up to 8) associated diagnosis. For each associated diagnosis, PTF also tracks service connection, combat vet, agent orange, ionizing radiation, environmental contaminants, military sexual trauma, and head/neck cancer conditions if the patient is registered with these conditions in Registration. To add a CPT record, select "I".

#### **"501" SCREEN**

The "501" screen(s) contains information about the patient movement(s) listed on the "MAS" screen including the patient discharge movement. Because a "501" screen is generated for every patient movement which involves a specialty change, there may be more than one "501" screen. The screens are numbered as follows: 501-1, 501-2, 501-3, etc. Since the discharge movement is displayed on this screen every PTF will have at least one "501" screen. (See Note #1 at the end of this option documentation for important information regarding editing leave and pass days.)

A maximum of 25 movements may be transmitted. If this limit is exceeded, the system will warn the user. The Set Transmit Flag on Movements option will allow the supervisor to choose which movement(s) to delete from the transmission.

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### **Load/Edit PTF Data**

If a TRANSFER DRG can be computed for a movement, it will be displayed on the applicable "501" screen. TRANSFER DRGs are generated based on codes entered when a movement between Services has occurred AND a change in the DRG has occurred. Applicable Services are Surgery, Neurology, Rehab. Medicine, Psychiatry, and Medicine. Other Services (pass through) are not applicable to TRANSFER DRGs. TRANSFER DRGs are stored in the PTF file and are used as a basis for the DRG reports. After editing, the "501-#" screen is redisplayed with the new values. However, due to the processing time involved, TRANSFER DRGs are not updated after editing the "501" screen. They will be updated the next time the PTF is load/edited when you see the message, "Updating PTF record #" or upon exiting the option when you see the message, "Updating TRANSFER DRGs."

#### **"401" SCREEN**

The "401" screen(s) contains information for any surgical episode(s) listed on the "MAS" screen. Because there is a "401" screen for every date a surgical episode occurred, there may be more than one "401" screen. However, if there were 2 surgical episodes on the same date, they will appear on different "401" screens. The screens are numbered as follows: 401-1, 401-2, 401-3, etc. You may enter up to 5 operation codes per date. After 10-1-87, 3 surgical episodes per date are allowed. Prior to that date, only 2 episodes per date were allowed. If no surgical episodes were performed during the inpatient stay, a "401" screen will not exist for that PTF.

#### **"601" SCREEN**

The "601" screen(s) contains information for any procedures performed. Because there is a "601" screen for every date a procedure occurred during the hospitalization, there may be more than one "601" screen. The screens are numbered as follows: 601-1, 601-2, 601-3, etc. You may enter up to 5 procedures per date. If numerous procedures were performed on the same day, they are all listed on one screen. If no procedures were performed during the inpatient stay, a "601" screen will not exist for that PTF.

## **Census Menu**

### **Load/Edit PTF Data**

#### **"CDR" SCREEN**

The "CDR" screen contains information for those patient movements affecting the Cost Distribution Report. It contains information regarding those interward transfer movements that change the ward CDR for the patient but the treating specialty remains the same. The screen is for viewing only with no editing allowed. The data displayed is compiled from activities made through the Bed Control options. The CDR information will begin with the first 501 or 535 movement to occur after 10/1/90.

#### **"701" SCREEN**

The user chooses the DXLS (the diagnosis responsible for the major length of stay) through the "701" screen. The 702 and 703 segments which contain diagnoses 2-10 are also entered through the "701" screen. Once this is entered, the system calculates and displays the DRG based on the DXLS, ICDs 2-10 from 702-703, and operations/procedures from 401 and 601 segments. The DRG on the "701" screen is not stored in the PTF and is recalculated every time this screen is displayed. After editing a screen, the system redisplay the screen with the changes.

The "701" screen is also where the PTF or census record can be closed, released, or reopened. A census record is created when the PTF record is successfully closed for census purposes.

If the PTF requires a census record, the record must be closed for census purposes before the PTF record can be closed. If you attempt to close a PTF record (requiring a census record) that has not yet been closed for census purposes, the following message will appear, "Record #{#} MUST be closed for CENSUS first" and you will be prompted to close the census record.

If you release a PTF record and the corresponding census record has not yet been released, the following message will appear, "Census Record #{#} also needs to be 'released'" and you will be prompted to release the census record. Once a record has been released, it can only be reopened through either the Open Released or Transmitted Census Records option under the Census Menu or Open Released or Transmitted PTF Records option under the PTF Menu.

## **Census Menu**

### **Load/Edit PTF Data**

#### **"801" SCREEN**

The "801" screen(s) contains information for CPT records listed on the "MAS" screen. It contains information regarding CPT record date and time, provider information, rendering location, CPT/HCPCS, modifiers, and quantity. Because there is an "801" screen for every CPT record occurring during the hospitalization, there may be more than one "801" screen. The screens are numbered as follows: 801-1, 801-2, 801-3, etc. If no professional services were captured during the inpatient stay, an "801" screen will not exist for that patient.

Some of the data items that can be found on the different PTF screens, with a brief description of each item, are provided at the end of this option documentation.

Four items which come from the admission record cannot be entered/edited through PTF: ADMISSION DATE, DISCHARGE DATE, DISCHARGE SPECIALTY, and TYPE OF DISPOSITION.

Four checks (edits) are performed on the record at the time of closing. The first review checks to see that facility number and discharge date are completed and that a DRG has been calculated. If you are closing the record for census purposes, a discharge date is not required.

Because the PTF cannot be closed if PTF messages are remaining, the second review checks to see that all PTF messages are cleared. The user is given the opportunity to delete any PTF messages remaining at this time. This check is not performed if you are closing the record for census purposes only.

## **Census Menu**

### **Load/Edit PTF Data**

Thirdly, the PTF is checked to see that required fields are completed and that numeric fields do not have non-numeric characters and vice versa. Any erroneous fields are listed and the user is given the opportunity to enter the correct value for the field. The PERIOD OF SERVICE field may not be edited through PTF. If this field is in error, it will be listed, but must be edited through the Load/Edit Patient Data option in Registration.

Lastly, the record is checked for inconsistent data fields.

Each edit is not applied until the record has passed all preceding edits. For example, if the first two checks were passed, but not the third, the system would list the blank fields. If there were any inconsistent data fields contained in this record, these would not be displayed until all the blank values were completed.

Additional edit checks were added with V. 5.3. If the record does not pass these checks, a List Manager screen will appear displaying the inconsistencies for viewing only. The error listing resembles the EAL report from Austin. These inconsistencies cannot be corrected through the List Manager screen. You may use the up-arrow <^> to drop out of List Manager and return to Load/Edit.

The system updates the TRANSFER DRGs at exiting the option for open records and at close out on the "701" screen (for VA PTF records only). This is done so that any DRG reports subsequently run which include that PTF record will contain current TRANSFER DRGs based on what has been coded.

## **Census Menu**

### **Load/Edit PTF Data**

1) Leave and pass days of a patient movement may be edited through Bed Control or through the PTF "501" screens. However, NO corresponding change will be made to the admission record of edits made on these fields through PTF only. Because an open PTF will be updated to match the admission record when the PTF is selected again, any leave/pass day changes made only through PTF will be lost. To ensure that these changes to the PTF are not lost, the PTF can be closed after editing. Closed PTF records are not updated by the system. If the PTF is not closed at the end of the editing session, leave/pass day changes must be made to the admission record through the appropriate Bed Control option. For consistency of the data, leave/pass days should be edited ONLY through Bed Control.

2) During the verification process that is performed when the user selects to close the PTF, error messages may be displayed and any required fields that are in error or incomplete will be listed. Following are messages that may be displayed to indicate that the PTF can not be closed as is:

#### MESSAGE

#### ACTION

"Unable to close without a discharge date."

Enter discharge date through Bed Control

"Unable to close without a DRG being calculated."

Enter Principal Diagnosis on "701" screen

"Not all messages have been cleared up for the patient--cannot close."

Checkoff remaining PTF messages

3) The system will fill in the facility field, if blank. If this is done, the facility name will be displayed after the PTF record is selected. If there are no treating specialty transfers for the selected record, the system will display a message at this time stating same.



## **Census Menu**

### **Load/Edit PTF Data**

This following is included to give a further explanation of the fields (data items) that constitute the Patient Treatment File. It lists some of the data items that can be edited through the different PTF screens and a brief description of each item. A description of the data elements contained on the CDR screen is also provided.

<b>SCREEN</b>	<b>FIELD NAME OR PROMPT</b>	<b>DESCRIPTION</b>
"101"	FACILITY	Facility number where patient was admitted
	SUFFIX	Suffix of admitting facility
	SOURCE OF ADMISSION	Source of this patient admission; from SOURCE OF ADMISSION file
	SOURCE OF PAYMENT	For patients treated at non-VA hospitals at VA expense; from set of codes
	TRANSFERRING FACILITY	VA facility from which the patient was transferred
	TRANSFERRING SUFFIX	Suffix of transferring facility
	CATEGORY OF BENEFICIARY	Code that indicates the patient's military status from CATEGORY OF BENEFICIARY file
	ENTER THE ELIGIBILITY FOR THIS ADMISSION	For patients with dual eligibility, the eligibility associated with the admission
	MARITAL STATUS	Patient's marital status
	RACE	Patient's race
	SEX	Patient's sex
	SPINAL CORD INJURY	Code that indicates if this patient sustained a spinal cord injury and, if so, what type
	DATE OF BIRTH	Patient's date of birth
	VIETNAM SERVICE INDICATED	YES/NO - Did patient serve in Viet Nam?

**Census Menu**  
**Load/Edit PTF Data**

<b>SCREEN</b>	<b>FIELD NAME OR PROMPT</b>	<b>DESCRIPTION</b>
"101"	AGENT ORANGE EXPOS. INDICATED	YES/NO/UNKNOWN - Was patient exposed to Agent Orange?
	RADIATION EXPOSURE INDICATED	YES/NO/UNKNOWN - Was patient exposed to radiation?
	MST INDICATED	YES/NO/UNKNOWN/DECLINED TO ANSWER Was the patient a victim of Military Sexual Trauma?
	NOSE/THROAT RADIUM	YES/NO/UNKNOWN - Does the patient claim he or she received nose/throat radium treatment while in the military?
	POW CONFINEMENT LOCATION	War in which patient was a prisoner of of war
	POW STATUS INDICATED	YES/NO - Was patient ever a prisoner of war?
	STATE	Patient's state of residence
	COUNTY	Patient's county of residence
	ZIP+4	Patient's zip code, 5 or 9 digits
	PLACE OF DISPOSITION	Where patient is going upon discharge from this hospital episode; from the PLACE OF DISPOSITION file
	OUTPATIENT TREATMENT	YES/NO - Will patient receive out- patient care after discharge?
	VA AUSPICES	YES/NO - Will VA pay for continued medical care for this patient after discharge?
	C&P STATUS	Code that indicates the Compensation and Pension status of patient; from set of codes.
	RECEIVING FACILITY	Facility number of VA medical care center to which patient is transferring for further medical care; from PTF TRANSFERRING FACILITY file
	RECEIVING SUFFIX	Suffix of receiving facility
	MEANS TEST	Means Test Indicator

## Census Menu

### Load/Edit PTF Data

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"101"	ASIH DAYS	For nursing home or domiciliary patients, number of days patient was absent due to admission to a hospital
"MAS"	SPECIALTY TRANSFER DATE	Date patient is admitted to the treating specialty
	FACILITY TREATING	Treating specialty patient moved to SPECIALTY
	PRIMARY CARE PHYSICIAN	Provider responsible for patient's care; from PROVIDER file
	CPT RECORD DATE/TIME	Must have a date/time value between the date/time of admission and the date/time of discharge
	REFERRING OR ORDERING PROVIDER	Name of provider ordering the service
	RENDERING PROVIDER	Name of provider performing the service
	RENDERING LOCATION	Location where service is performed
	CPT	CPT/HCPCS codes used for a patient
	CPT MODIFIER	Used to indicate a service or procedure has been altered
	QUANTITY	Used to indicate the number of times the procedure was performed
	PRIMARY DIAGNOSIS	Primary diagnosis associated with the procedure performed.
	SECONDARY DIAGNOSIS 1-7	Secondary diagnoses associated with the procedure performed.
	TREATED FOR SC/AO/ IR/EC/MST/HEAD and/or NECK CA CONDITION	Was this treatment for a service-connected condition or as a result of exposure to agent orange, ionizing radiation, environmental contaminants, military sexual trauma, or head and/or neck cancer? These will appear as separate prompts.

**Census Menu**  
**Load/Edit PTF Data**

"MAS"	COMBAT VET	Was this treatment for combat service related condition?
"501-#"	LEAVE DAYS	Number of days patient was on leave (an absence of more than 96 hours but not more than 14 days) from a specialty during that patient movement
	PASS DAYS	Number of days patient was on pass (an absence of less than 96 hours) from a specialty during that patient movement
	ICD 1	ICD-9-CM Diagnosis code of diagnosis that is responsible for patient's greatest length of stay on a specialty; (for each specialty patient was admitted to during this period of hospitalization)
	ICD 2-5	ICD-9-CM Diagnosis code of second, third, ..., fifth diagnoses responsible for patient's stay on a specialty
	TREATED FOR SC/AO/IR/EC CONDITION	Was this treatment for a service-connected condition or as a result of exposure to Agent Orange, ionizing radiation or environmental contaminants? These will appear as separate prompts.
	TREATMENT FOR MST	Was this treatment for Military Sexual Trauma?
	TREATMENT FOR HEAD/NECK CA	Was this treatment for Head and/or Neck Cancer?

**Census Menu**  
**Load/Edit PTF Data**

<b>SCREEN</b>	<b>FIELD NAME OR PROMPT</b>	<b>DESCRIPTION</b>
"401-#"	SURGERY/PROCEDURE DATE	Date of this patient's surgery episode(s), if any
	SURGICAL SPECIALTY	Code of the surgical specialty associated with the chief surgeon for each surgery episode; from the SURGICAL SPECIALTY file
	CATEGORY OF CHIEF SURGEON	Code that indicates the category of the chief surgeon for patient's surgical episode(s); from set of codes
	CATEGORY OF FIRST ASSISTANT	Code that indicates the category of the first assistant for patient's surgical episode(s); from set of codes
	PRINCIPAL ANESTHETIC TECHNIQUE	Code that indicates the major type of anesthetic technique of patient's surgical episode(s); from set of codes
	OPERATION CODE 1-5	Operation code(s) of patient's surgical episode(s); up to five operation codes allowed per each surgical episode; from ICD OPERATION/PROCEDURE file
	SOURCE OF PAY	Source of payment for patients operated on in a non-VA facility and returned to a VA facility within a 24 hour period
"601-#"	PROCEDURE DATE	Date procedure performed
	DIALYSIS TYPE	Number or description of dialysis type
	PROCEDURE CODE 1-5	ICD Procedure Code Number for first, second,.... fifth procedure
"701"	PRINCIPAL DIAGNOSIS	ICD-9-CM code of diagnosis responsible for patient's greatest length of stay for this hospital episode
	SECONDARY DIAGNOSIS 1-12	ICD-9-CM code of second, third, ..., twelfth diagnoses for this patient's episode of care

## Census Menu

### Load/Edit PTF Data

"801"	CPT RECORD DATE/TIME	Must have a date/time value between the date/time of admission and the date/time of discharge
	REFERRING OR ORDERING PROVIDER	Name of provider ordering the service
	RENDERING PROVIDER	Name of provider performing the service
	RENDERING LOCATION	Location where service is performed
	CPT	CPT/HCPCS codes used for a patient
	CPT MODIFIER	Used to indicate a service or procedure has been altered
	QUANTITY	Used to indicate the number of times the procedure was done

## CDR Data Fields

LOSING DATE	Date of patient movement off ward, treating specialty or both
REC TYPE	Transaction type (501 or 535)
WARD/DRG	Ward patient is moving from and DRG associated with the treating specialty assigned to the losing ward
LOSING WARD CDR/SPEC	Specialty assigned to losing ward
PTF CDR/SPEC	Losing PTF CDR specialty assigned to patient
LEAVE	Number of days patient was on leave (an absence of more than 96 hours but not more than 14 days) from a specialty during that patient movement
PASS	Number of days patient was on pass (an absence of less than 96 hours) from a specialty during that patient movement
LOS (LENGTH OF STAY)	Length of stay on the losing ward or, for the 501, length of stay while being treated for the specialty. LOS = elapsed time (-) leave and pass days

## **Load/Edit PTF Data**

The Load/Edit PTF Data option is used to enter, edit, and view data contained in the PTF for a patient's period of hospitalization. When utilizing this option for census specific purposes, the Load/Edit PTF Data option from the Census menu should be used.

VA or non-VA (hospitalization in a private facility at VA expense) PTF records may be edited through this option; however, there are some differences between the two records. Notes #3 and #4 on at the end of this option documentation provide information regarding the non-VA PTF and should be read by users before editing non-VA PTF records.

After selecting the patient name and admission date or PTF Record Number at the start of this option, the system updates the patient's PTF. During this updating process, some PTF information is being filled in from the patient's record in the PATIENT file and from the patient's Bed Control information which corresponds to the admission date selected. This data should be verified and/or edited through the Extended Bed Control option.

The PTF data is arranged so that it may be viewed and edited through various screens. For easy viewing of the screens, this option allows you to "jump" from one screen display to another by entering an up-arrow <^> and the desired screen name. On some screens, data is grouped into sections for editing. Each section is labeled with a number to the left of the data items in reverse video. The patient's name, social security number, date of admission and the screen number appear at the top of every screen. After editing a screen, the system redisplay the screen with the changes.

### **"101" SCREEN**

The first screen that will appear is the "101" screen. This screen contains admission and discharge information for the episode of care and basic patient demographic information. This screen will show the CENSUS STATUS field if the patient needs a census record for the current census. Much of this screen is automatically filled in from data in the PATIENT file and, for VA PTF records, from the corresponding admission record in the PATIENT file. Choose the number(s) to the left of the group of data items you wish to edit.

## Load/Edit PTF Data

### "MAS" SCREEN

The "MAS" screen contains patient diagnoses and information about patient movement(s), surgery(s), procedure(s) and inpatient CPT record data such as CPT record date and time, provider information, rendering location, CPT/HCPCS modifiers, quantity, and up to 8 diagnosis codes per CPT/HCPS. For each diagnosis code entered, PTF also tracks the following conditions: SC (service connected), CV (Combat Vet) AO (agent orange), IR (ionizing radiation), EC (environmental contaminant), MST (military sexual trauma), and HNC (head/neck cancer).

Some patient movement information is filled in from the admission record (applies to VA PTF only) including losing specialty (the specialty from which the patient is transferring). Patient movements of less than 24 hours and transfers that only involve a facility treating specialty change and not a PTF specialty change will not create a new patient movement in PTF.

It should be noted that 401P transactions (which are valid only for admissions prior to 10/1/87) allow up to five procedure codes per admission and are not stored by date. 601 transactions allow five codes per procedure date. To add/delete a procedure code for a 601 transaction, select "E". 801 transactions allow more than one CPT record date and time per day. The CPT record date and time value must have a date and time value between the date and time of admission and the date and time of discharge. Each CPT record must have a rendering provider and at least one CPT code. Each CPT code must have at least one (up to 8) associated diagnosis. For each associated diagnosis, PTF also tracks service connection, combat vet, agent orange, ionizing radiation, environmental contaminants, military sexual trauma, and head/neck cancer conditions if the patient is registered with these conditions in Registration. To add a CPT record, select "T".

### "501" SCREEN

The "501" screen(s) contains information about the patient movement(s) listed on the "MAS" screen including the patient discharge movement. Because a "501" screen is generated for every patient movement which involves a specialty change, there may be more than one "501" screen. The screens are numbered as follows: 501-1, 501-2, 501-3, etc. Since the discharge movement is displayed on this screen, every PTF will have at least one "501" screen. (See Note #1 at the end of this option documentation for important information regarding editing leave and pass days.)



## **Load/Edit PTF Data**

The maximum number of movements which can be transmitted is 25. If this limit is exceeded, the system will warn the user. The Set Transmit Flag on Movements option will allow the supervisor to choose which movement(s) to delete from the transmission.

If a TRANSFER DRG can be computed for a movement, it will be displayed on the applicable "501" screen. TRANSFER DRGs are generated based on codes entered when a movement between Services has occurred AND a change in the DRG has occurred. Applicable Services are Surgery, Neurology, Rehab. Medicine, Psychiatry, and Medicine. Other Services (pass through) are not applicable to TRANSFER DRGs. TRANSFER DRGs are stored in the PTF File and are used as a basis for the DRG reports. After editing, a screen is usually redisplayed with the new values. However, due to the processing time involved, TRANSFER DRGs are not updated after editing the "501" screen. They will be updated the next time the PTF is load/edited when you see the message, "Updating PTF record #" or upon exiting the option when you see the message, "Updating TRANSFER DRGs."

### **"401" SCREEN**

The "401" screen(s) contains information for any surgical episode(s) listed on the "MAS" screen. Because there is a "401" screen for every date a surgical episode occurred, there may be more than one "401" screen. However, if there were 2 surgical episodes on the same date, they will appear on different "401" screens. The screens are numbered as follows: 401-1, 401-2, 401-3, etc. You may enter up to 5 operation codes per date. After 10-1-87, 3 surgical episodes per date are allowed. Prior to that date, only 2 episodes per date were allowed. If no surgical episodes were performed during the inpatient stay, a "401" screen will not exist for that PTF.

### **"601" SCREEN**

The "601" screen(s) contains information for any procedures performed. Because there is a "601" screen for every date a procedure occurred during the hospitalization, there may be more than one "601" screen. The screens are numbered as follows: 601-1, 601-2, 601-3, etc. You may enter up to 5 procedures per date. If numerous procedures were performed on the same day, they are all listed on one screen. If no procedures were performed during the inpatient stay, a "601" screen will not exist for that PTF.

## Load/Edit PTF Data

### "CDR" SCREEN

The "CDR" screen contains information for those patient movements affecting the Cost Distribution Report. It contains information regarding those interward transfer movements that change the ward CDR for the patient but the treating specialty remains the same. The screen is for viewing only with no editing allowed. The data displayed is compiled from the system entries made through the Bed Control options. Every PTF record will have a "CDR" screen. CDR information is required for those records with a discharge date after 10/1/90. Only 501 & 535 movements after 10/1/90 are displayed.

### "701" SCREEN

The user chooses the DXLS (diagnosis responsible for the major length of stay) through the "701" screen. The 702 and 703 segments which contain diagnoses 2-10 are also entered through the "701" screen. Once this is entered, the system calculates and displays the DRG based on the **Principal Diagnosis, Secondary Diagnoses 1-13** from 702-703, and operations/procedures from 401 and 601 segments. The DRG on the "701" screen is not stored in the PTF and is recalculated every time this screen is displayed. This is also the screen through which the PTF can be closed and released.

### "801" SCREEN

The "801" screen(s) contains information for CPT records listed on the "MAS" screen. It contains information regarding CPT record date and time, provider information, rendering location, CPT/HCPCS, modifiers, and quantity. Because there is a "801" screen for every CPT record occurring during the hospitalization, there may be more than one "801" screen. The screens are numbered as follows: 801-1, 801-2, 801-3, etc. If no professional services were captured during the inpatient stay, an "801" screen will not exist for that patient.

Some of the data items that can be found on the different PTF screens, with a brief description of each item, are provided at the end of this option documentation.

Four items which come from the admission record cannot be entered/edited through PTF: ADMISSION DATE, DISCHARGE DATE, DISCHARGE SPECIALTY, and TYPE OF DISPOSITION. (This data **is** editable through PTF on a non-VA PTF record.)

Four checks (edits) are performed on the PTF at the time of closing. The first review checks to see that facility number and discharge date are completed and that a DRG has been calculated.

## **Load/Edit PTF Data**

Because the PTF cannot be closed if PTF messages are remaining, the second review checks to see that all PTF messages are cleared. The user is given the opportunity to delete any PTF messages remaining at this time.

Thirdly, the PTF is checked to see that required fields are completed and that numeric fields do not have non-numeric characters and vice versa. Any erroneous fields are listed and the user is given the opportunity to enter the correct value for the field. The PERIOD OF SERVICE field may not be edited through PTF. If this field is in error, it will be listed but will have to be edited through the Load/Edit Patient Data option in Registration.

Lastly, the record is checked for inconsistent data fields.

Each edit is not applied until the record has passed all preceding edits. For example, if the first two checks were passed, but not the third, the system would list the blank fields. If there were any inconsistent data fields contained in this record, these would not be displayed until all the blank values were completed.

Additional edit checks have been added with V. 5.3. If the record does not pass these checks, a List Manager screen will appear displaying the inconsistencies for viewing only. The error listing resembles the EAL report from Austin. These inconsistencies cannot be corrected through the List Manager screen. You may use the up-arrow <^> to drop out of List Manager and return to Load/Edit.

The system updates the TRANSFER DRGs at exiting the option for open records and at close out on the "701" screen (for VA PTF records only). This is done so that any DRG reports subsequently run which include that PTF record will contain current TRANSFER DRGs based on what has been coded.

## Load/Edit PTF Data

- 1) Leave and Pass days of a patient movement may be edited through Bed Control or through the PTF "501" screens. However, NO corresponding change will be made to the admission record of edits made on these fields through PTF only. Because an open PTF will be updated to match the admission record when the PTF is selected again, any leave/pass day changes made only through PTF will be lost. To ensure that these changes to the PTF are not lost, the PTF can be closed after editing. Closed PTF records are not updated by the system. If the PTF is not closed at the end of the editing session, leave/pass day changes must be made to the admission record through the appropriate Bed Control option.

For consistency of the data, leave/pass days should be edited ONLY through Bed Control.

- 2) During the verification process that is performed when the user selects to close the PTF, error messages may be displayed and any required fields that are in error or incomplete will be listed.

Following are messages that may be displayed to indicate that the PTF cannot be closed as is.

<u>MESSAGE</u>	<u>ACTION</u>
"Unable to close without a discharge date."	Enter discharge date through Bed Control
"Unable to close without a DRG being calculated."	Enter DXLS on "701" screen
"Not all messages have been cleared up for the patient-- cannot close."	Checkoff remaining PTF messages

## **Load/Edit PTF Data**

- 3) Differences between the VA PTF and the non-VA PTF are explained below.

- there is no corresponding admission record for the non-VA PTF...

An admission record is created upon admission to a VA medical center. Since the non-VA PTF only applies to admissions to private facilities, there is no admission record for non-VA PTF.

- automatic updating does not occur on the non-VA PTF...

Since the automatic updating matches the PTF with the associated admission record and there is no associated admission record for the non-VA PTF, it cannot be updated. All data on the non-VA PTF is entered by the system from the PATIENT file or entered by the user during the load/edit process. However, updating will occur for demographic information.

- discharge information is entered directly during load/edit process on the non-VA PTF...

Discharge information is retrieved for the VA PTF from the admission record and cannot be edited through PTF. Since there is no admission record for the non-VA PTF, the discharge information is entered by the user through the Load/Edit PTF Data option.

- 4) Two edit options that are different on the non-VA PTF "MAS" screen are:

- 'M' - used to add a patient movement

- 'X' - used to delete a patient movement

Other edit options are the same as on the VA PTF "MAS" screen.

- 5) The system will fill in the facility field, if blank. If this is done, the facility name will be displayed after the PTF record is selected. If there are no treating specialty transfers for the selected record, the system will display a message at this time stating same.

## Load/Edit PTF Data

The following is included to give a further explanation of the fields (data items) that constitute the Patient Treatment File. It lists some of the data items that can be edited through the different PTF screens and a brief description of each item. A description of the data elements contained on the CDR screen is also provided.

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"101"	FACILITY	Facility number where patient was admitted
	SUFFIX	Suffix of admitting facility
	SOURCE OF ADMISSION	Source of this patient admission; from SOURCE OF ADMISSION file
	SOURCE OF PAYMENT	For patients treated at non-VA hospitals at VA expense; from set of codes
	TRANSFERRING FACILITY	VA facility from which the patient was transferred
	TRANSFERRING SUFFIX	Suffix of transferring facility
	CATEGORY OF BENEFICIARY	Code that indicates the patient's status from CATEGORY OF BENEFICIARY file
	ENTER THE ELIGIBILITY FOR THIS ADMISSION	For patients with dual eligibility, the eligibility associated with the admission
	MARITAL STATUS	Patient's marital status
	RACE	Patient's race
	SEX	Patient's sex
	DATE OF BIRTH	Patient's date of birth
	SPINAL CORD INJURY	Code that indicates if this patient sustained a spinal cord injury and, if so, what type

## Load/Edit PTF Data

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"101"	VIETNAM SERVICE INDICATED?	YES/NO - Did patient serve in Vietnam?
	AGENT ORANGE EXPOS. INDICATED	YES/NO/UNKNOWN - Was patient exposed to Agent Orange?
	RADIATION EXPOSURE INDICATED	YES/NO/UNKNOWN - Was patient exposed to radiation?
	MST INDICATED	YES/NO/UNKNOWN/DECLINED TO ANSWER - Was the patient a victim of Military Sexual Trauma?
	NOSE/THROAT RADIUM	YES/NO/UNKNOWN - Does the patient claim he or she received nose/throat radium treatment while in the military?
	POW STATUS INDICATED	YES/NO - Was patient ever a prisoner of war?
	POW CONFINEMENT LOCATION	War in which patient was a prisoner of war
	STATE	Patient's state of residence
	COUNTY	Patient's county of residence
	ZIP+4	Patient's zip code, 5 or 9 digits
	PLACE OF DISPOSITION	Where patient is going upon discharge from this hospital episode; from the PLACE OF DISPOSITION file
	OUTPATIENT TREATMENT	YES/NO - Will patient receive outpatient care after discharge?
	VA AUSPICES	YES/NO - Will VA pay for continued medical care for this patient after discharge?
	C&P STATUS	Code that indicates the Compensation and Pension status of patient; from set of codes
	RECEIVING FACILITY	Facility number of VA medical care center to which patient is transferring for further medical care



## Load/Edit PTF Data

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"101"	RECEIVING SUFFIX	Suffix of receiving facility
	MEANS TEST	Means Test Indicator
	ASIH DAYS	For nursing home or domiciliary patients, number of days patient was absent due to admission to a hospital
"MAS"	SPECIALTY TRANSFER DATE	Date patient is admitted to the treating specialty
	FACILITY TREATING SPECIALTY	Treating specialty patient moved to
	PRIMARY CARE PHYSICIAN	Provider responsible for patient's care; from the PROVIDER file
	CPT RECORD DATE/TIME	Must have a date/time value between the date/time of admission and the date/time of discharge
	REFERRING OR ORDERING PROVIDER	Name of provider ordering the service
	RENDERING PROVIDER	Name of provider performing the procedure
	RENDERING LOCATION	Location where service is performed
	CPT	CPT/HCPCS codes used for a patient
	CPT MODIFIER	Used to indicate a service or procedure has been altered
	QUANTITY	Used to indicate the number of times the procedure was performed
	PRIMARY DIAGNOSIS	Primary diagnosis associated with the procedure performed.
	SECONDARY DIAGNOSIS 1-7	Secondary diagnoses associated with the procedure performed.

## Load/Edit PTF Data

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"MAS"	TREATED FOR SC/AO/ IR/EC/MST/HEAD and/or NECK CA CONDITION	Was this treatment for a service-connected condition or as a result of exposure to agent orange, ionizing radiation, environmental contaminants, military sexual trauma, or head and/or neck cancer? These will appear as separate prompts.
	COMBAT VET	Was this treatment for combat service related condition?
"501-#"	LEAVE DAYS	Number of days patient was on leave (an absence of more than 96 hours but not more than 14 days) from a specialty during that patient movement
	PASS DAYS	Number of days patient was on pass (an absence of less than 96 hours) from a specialty during that patient movement
	ICD 1	ICD-9-CM Diagnosis code of diagnosis that is responsible for patient's greatest length of stay on a specialty; (for each specialty patient was admitted to during this period of hospitalization)
	ICD 2-5	ICD-9-CM Diagnosis code of second, third, ..., fifth diagnoses responsible for patient's stay on a specialty
	TREATED FOR SC/AO/ IR/EC CONDITION	Was this treatment for a service-connected condition or as a result of exposure to Agent Orange, ionizing radiation or environmental contaminants? These will appear as separate prompts.

## Load/Edit PTF Data

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"501-#"	TREATMENT FOR MST	Was this treatment for Military Sexual Trauma?
	TREATMENT FOR HEAD/ NECK CA	Was this treatment for Head and/or Neck Cancer?
"401-#"	SURGERY/PROCEDURE DATE	Date of this patient's surgery episode(s), if any; from set of codes
	SURGICAL SPECIALTY	Code of the surgical specialty associated with the chief surgeon for each surgery episode; from the SURGICAL SPECIALTY file
	CATEGORY OF CHIEF SURGEON	Code that indicates the category of the chief surgeon for patient's surgical episode(s); from set of codes
	CATEGORY OF FIRST ASSISTANT	Code that indicates the category of the first assistant for patient's surgical episode(s); from set of codes
	PRINCIPAL ANESTHETIC TECHNIQUE	Code that indicates the major type of anesthetic technique of patient's surgical episode(s); from set of codes
	OPERATION CODE 1-5	Operation code(s) of patient's surgical episode(s); up to five operation codes allowed per each surgical episode; from ICD OPERATION/PROCEDURE file
"601-#"	SOURCE OF PAY	Source of payment for patients operated on in a non-VA facility and returned to a VA facility within a 24 hour period
	PROCEDURE DATE	Date procedure performed
	DIALYSIS TYPE	Number or description of dialysis type
	PROCEDURE CODE 1-5	ICD Procedure Code Number for first, .... fifth procedure

## Load/Edit PTF Data

SCREEN	FIELD NAME OR PROMPT	DESCRIPTION
"701"	PRIMARY DIAGNOSIS	ICD-9-CM code of diagnosis responsible for patient's greatest length of stay for this hospital episode
	SECONDARY DIAGNOSIS 1-12	ICD-9-CM code of second, third, ..., twelfth diagnoses for this patient's episode of care
"801"	CPT RECORD DATE/TIME	Must have a date/time value between the date/time of admission and the date/time of discharge
	REFERRING OR ORDERING PROVIDER	Name of provider ordering the service
	RENDERING PROVIDER	Name of provider performing the service
	RENDERING LOCATION	Location where service is performed
	CPT	CPT/HCPCS codes used for a patient
	CPT MODIFIER	Used to indicate a service or procedure has been altered
	QUANTITY	Used to indicate the number of times the procedure was done

## **Load/Edit PTF Data**

### **CDR Screen Data Fields**

LOSING DATE	Date of patient movement off ward, treating specialty or both
REC TYPE	Transaction type (501 or 535)
WARD/DRG	Ward patient moving from/DRG associated with the treating specialty assigned to the losing ward
LOSING WARD CDR/SPEC	Specialty assigned to losing ward
PTF CDR/SPEC	Losing PTF CDR specialty assigned to patient
LEAVE	Number of days patient was on leave (an absence of more than 96 hours but not more than 14 days) from a specialty during that patient movement
PASS	Number of days patient was on pass (an absence of less than 96 hours) from a specialty during that patient movement
LOS	Length of stay (elapsed time (-) leave and pass days) on the losing ward or, for the 501, length of stay while being treated for the specialty

## Quick Load/Edit PTF Data

The Quick Load/Edit PTF Data option is used to enter/edit data contained in the 101, 701, 501, 401, **801**, and 601 transactions in list format (rather than screen format) which allows for faster editing.

VA or non-VA (hospitalization in a private facility at VA expense) PTF records may be edited. Only PTF records with a status of OPEN may be selected. Note #1 found at the end of this option documentation, provides information regarding the non-VA PTF and should be read by users before editing non-VA PTF records.

After selecting the patient name and admission date or PTF record number for VA PTF records, the system automatically updates the patient's PTF. A delay occurs while the record is being updated. During this updating process, some PTF information is being filled in from the patient's record in the PATIENT file and from the patient's Bed Control information which corresponds to the admission date selected.

The editing in this option is broken down into five segments as follows.

1st segment	101 and 701 transaction data
2nd segment	501 transaction data
3rd segment	401 transaction data
4th segment	<b>801 transaction data</b>
5th segment	<b>601 transaction data</b>

### "101" and "701" Transactions

These transactions contain admission and discharge information for the episode of care and basic patient demographic information. Much of this data is automatically filled in from data in the PATIENT file and, for VA PTF records, from the corresponding admission record in the PATIENT file. DXLS (the diagnosis responsible for the major length of stay) and secondary diagnoses are also contained here.

### "501" Transaction

The "501" transaction allows you to edit information concerning patient movements such as movement date, losing bedsection, leave days, pass days, and ICD codes; however, on a VA PTF record, you may only edit the ICD codes. The patient movements must be more than 24 hours apart and involve a specialty change to be counted.

## Quick Load/Edit PTF Data

### "401" Transaction

This transaction allows you to edit information for surgical episodes. Data may include surgery/procedure date, surgical specialty, category of chief surgeon, category of first assistant, principal anesthetic technique, source of payment, and operation codes. You may enter up to 5 operation codes per surgical episode. For discharges prior to 10-1-87, only 2 episodes per date were allowed. For discharges after 10-1-87, 3 surgical episodes per date are allowed.

### "801" Transaction

This transaction allows editing of data pertaining to professional services. You must select which professional service date/time to edit or create a new professional service. Existing related diagnosis codes may be edited or new diagnosis codes may be added as long as they do not exceed 8 related diagnosis codes per CPT code. Existing CPT codes may be edited or new CPT codes may be added.

### "601" Transaction

This transaction allows editing of data pertaining to procedures performed. Existing procedures may be edited or new procedures may be added. You may enter up to 5 procedure codes per date. If receiving dialysis, data pertaining to the dialysis type and number of treatments per procedure date will be contained in this transaction.

The "101" and "701" transaction data displayed consists of fields from both the PATIENT file and the PTF file. The fields that are indented in this segment are PATIENT file fields. The option allows you to "jump" from one prompt to another by entering an up-arrow <^> and the first few letters of the desired prompt; however, this can only be done between prompts for fields in the same file.

Five items which come from the admission record cannot be entered/edited through this option: ADMISSION DATE, DISCHARGE DATE, DISCHARGE SPECIALTY, TYPE OF DISPOSITION, and MEANS TEST INDICATOR; however, this data can be edited through this option on a non-VA PTF record (except for ADMISSION DATE). The ADMISSION DATE for a non-VA PTF record can be edited through the PTF option, Load/Edit PTF Data.

Transfer DRGs are updated on VA PTF records when this option is exited in order that any DRG reports subsequently run which include that PTF record will contain current Transfer DRGs based on what has been coded.

## **Quick Load/Edit PTF Data**

A description of most of the fields found in the different PTF transactions is provided at the end of this option documentation.

1) Differences between the VA PTF and the non-VA PTF are explained below.

- there is no corresponding admission record for the non-VA PTF...

An admission record is created upon admission to a VA medical center. Since the non-VA PTF only applies to admissions to private facilities, there is no admission record for non-VA PTF.

- automatic updating does not occur on the non-VA PTF...

Since the automatic updating matches the PTF with the associated admission record and there is no associated admission record for the non-VA PTF, it cannot be updated. All data on the non-VA PTF is entered by the system from the PATIENT file or entered by the user during the load/edit process. However, updating will occur for demographic information.

- discharge information is entered directly during load/edit process on the non-VA PTF...

Discharge information is retrieved for the VA PTF from the admission record and cannot be edited through PTF. Since there is no admission record for the non-VA PTF, the discharge information is entered by the user through the Load/Edit PTF Data option.

2) If at the "Select 401 SURGERY DATE" prompt or the "Select PROCEDURE" prompt, you enter a date which is before the admission or after the discharge date, the following appropriate message will appear and the prompt will be repeated.

"Not after discharge ??"

"Not before admission ??"



## Quick Load/Edit PTF Data

SCREEN	FIELD NAME/ TITLE OF PROMPT	DESCRIPTION
"101" & "701"	FACILITY	Facility number where patient was admitted.
	SUFFIX	Suffix of admitting facility
	SOURCE OF ADMISSION	Source of this patient admission; from SOURCE OF ADMISSION file
	SOURCE OF PAYMENT	For patients treated at non-VA hospitals at VA expense; from set of codes
	TRANSFERRING FACILITY	VA facility from which the patient was transferred
	TRANSFERRING SUFFIX	Suffix of transferring facility
	ENTER THE ELIGIBILITY FOR THIS ADMISSION	For patients with dual eligibility, the eligibility associated with the admission
	SPINAL CORD INJURY	Code which indicates if this patient sustained a spinal cord injury and, if so, what type
	DATE OF BIRTH	Patient's date of birth
	AGENT ORANGE EXPOS. INDICATED	Was patient exposed to Agent Orange? Yes/No/Unknown
	RADIATION EXPOSURE METHOD	How was patient exposed to radiation? Hiroshima-Nagasaki /Nuclear Testing/Both
	RELATED TO MST	Was this treatment related to Military Sexual Trauma? YES/NO/UNKNOWN/DECLINED TO ANSWER (This will only be prompted if the patient's MST Status is YES).
	TREATMENT FOR HEAD/NECK CA	Was the treatment related to Head and/or Neck Cancer?
	POW CONFINEMENT LOCATION	War in which patient was a prisoner of war

## Quick Load/Edit PTF Data

SCREEN	FIELD NAME/ TITLE OF PROMPT	DESCRIPTION
"101" & "701"	MEANS TEST INDICATOR	Represents patient's Means Test status
	DISCHARGE SPECIALTY	Specialty from which patient was discharged
	ZIP+4	5 or 9 digit zip code
	TYPE OF DISPOSITION	Disposition type for this patient for this episode of care (i.e., Regular, Transfer, Irregular)
	DISCHARGE STATUS	Status of patient at time of discharge (i.e., On pass, Bed occupant)
	PLACE OF DISPOSITION	Where patient is going upon discharge from this hospital episode; from the PLACE OF DISPOSITION file
	OUTPATIENT TREATMENT	Will patient receive outpatient care after discharge? Yes/No
	VA AUSPICES	Will VA pay for continued medical care for this patient after discharge? Yes/No
	RECEIVING FACILITY	Facility number of VA medical center to which patient is being transferred
	RECEIVING SUFFIX	Suffix of receiving facility
	C&P STATUS	Code that indicates the Compensation and Pension status of patient; from set of codes
	ASIH DAYS	For nursing home or domiciliary patients, number of days patient was absent due to admission to a hospital
	PRINCIPAL DIAGNOSIS	ICD-9-CM diagnosis code responsible for patient's major length of stay for this hospital episode; from ICD DIAGNOSIS file. Used for DRG calculation.

## Quick Load/Edit PTF Data

SCREEN	FIELD NAME/ TITLE OF PROMPT	DESCRIPTION
"101" & "701"	PRINCIPAL DIAGNOSIS	Diagnosis responsible for patient being admitted to the medical center for this episode of care; from ICD DIAGNOSIS file
	SECONDARY DIAGNOSIS 1-12	ICD-9-CM code of second, third....., twelfth diagnoses for this patient; from ICD DIAGNOSIS file
"501"	MOVEMENT DATE	Date of patient movement - movements must be more than 24 hours apart and involve a specialty change to be counted
	LOSING SPECIALTY	Name of specialty patient left in this patient movement
	LEAVE DAYS	Number of days patient was on leave (an absence of more than 96 hours but not more than 14 days) from a specialty during this patient movement
	PASS DAYS	Number of days patient was on pass (an absence of less than 96 hours) from a specialty during this patient movement
	TREATED FOR SC/IR/ AO/EC CONDITION	Indicates whether or not treatment was for a service-connected condition, related to ionizing radiation exposure, or Agent Orange exposure. These will appear as separate prompts.
	TREATMENT FOR MST	Identifies whether treatment was for Military Sexual Trauma.
	TREATMENT FOR HEAD/NECK CA	Identifies whether treatment was for Head and/or Neck Cancer.
	ICD 1	ICD-9-CM diagnosis code responsible for patient's major length of stay on a specialty; from ICD DIAGNOSIS file

## Quick Load/Edit PTF Data

SCREEN	FIELD NAME/ TITLE OF PROMPT	DESCRIPTION
"501"	ICD 2-5	ICD-9-CM diagnosis code of second, third..., fifth diagnoses responsible for patient's stay on a specialty; from ICD DIAGNOSIS file
"401"	SURGICAL SPECIALTY	Surgical specialty code associated with the chief surgeon for each surgery episode; from the SURGICAL SPECIALTY file
	CATEGORY OF CHIEF SURGEON	Code indicating the category of the chief surgeon for patient's surgical episode(s); from set of codes
	CATEGORY OF FIRST ASSISTANT	Code indicating the category of the first surgical assistant for patient's surgical episode(s); from set of codes
	PRINCIPAL ANESTHETIC TECHNIQUE	Code indicating the major type of anesthetic method used for patient's surgical episode(s); from set of codes
	SOURCE OF PAYMENT	Source of payment for patients operated on in a non-VA facility and returned to a VA facility within a 24 hour period
	OPERATION CODE 1-5	Operation code(s) of patient's surgical episode(s); up to five operation codes allowed per each surgical episode; from ICD OPERATION/PROCEDURE file
"801"	CPT RECORD DATE/TIME	Must have a date/time value between the date/time of admission and the date/time of discharge
	REFERRING OR ORDERING PROVIDER	Name of provider ordering the service
	RENDERING PROVIDER	Name of provider performing the service

## Quick Load/Edit PTF Data

SCREEN	FIELD NAME/ TITLE OF PROMPT	DESCRIPTION
"801"  procedure     trauma,	RENDERING LOCATION	Location where service is performed
	CPT	CPT/HCPCS codes used for a patient
	CPT MODIFIER	Used to indicate a service or has been altered
	QUANTITY	Used to indicate the number of times the procedure was done
	PRIMARY DIAGNOSIS	Primary diagnosis associated with the procedure performed.
	SECONDARY DIAGNOSIS 1-7	Secondary diagnoses associated with the procedure performed.
	TREATED FOR SC/AO/ IR/EC/MST/HEAD and/or NECK CA CONDITION	Was this treatment for a service- connected condition or as a result of exposure to agent orange, ionizing radiation, environmental contaminants, military sexual  or head and/or neck cancer? These will appear as separate prompts.
"601"	COMBAT VET	Was this treatment for combat service related condition?
	DIALYSIS	If receiving dialysis, the type of dialysis the patient is receiving
	NUMBER OF DIALYSIS TREATMENTS	Number of dialysis treatments which occurred on the selected procedure date
	PROCEDURE CODE 1-5	Procedure code(s) for selected procedure date; up to five procedure codes allowed per procedure date; from ICD OPERATION/PROCEDURE file